

**ADULT BASKETBALL LEAGUE: Winter, Summer (Please Indicate)**

**TEAM INFORMATION**

Team Name:	_____	Division:	_____
Head Coach:	_____	Assistant Coach:	_____
Home Phone:	_____	Home Phone:	_____
Business/Cell:	_____	Business/Cell:	_____
Address:	_____	Address:	_____
	_____		_____

**The ABL season is administered on the following days:**

Monday, Tuesday, Wednesday, Thursday & Sunday

**Is there a day that your team prefers to play? Please specify:**

**1<sup>st</sup>** \_\_\_\_\_

**2<sup>nd</sup>** \_\_\_\_\_

**3<sup>rd</sup>** \_\_\_\_\_

For office use only:

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

## ROSTER (UNLIMITED)

Any player who enters his/her personal information and signs the roster agrees to have read the general information packet and will adhere to the rules and regulations governing the Adult Basketball League.

Please complete the information requested from all players below:

**Team Name:** \_\_\_\_\_ **Division:** \_\_\_\_\_

Name (All names must be typed)	License Number Optional	Signature	Phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

## HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_, have read the general information packet and will ensure that my players and me are aware of and abide by the rules and regulations that govern the Adult Basketball League.

I also understand and agree to hold harmless the County of Bernalillo, Albuquerque Public Schools, Bernalillo County Employees and contractors and those assisting with the Adult Basketball League from any claims, suits, actions or causes of action arising out of any accident/incident or conduct involving me, my teammates, or my family members. This includes but is not limited to the costs and reasonable attorney's fees associated with any claims, suits, actions or causes of action.

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MANAGER/COACH

DATE

